

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031136

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4057

STATE FILE NUMBER

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Rev. 4/59

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DATE AMENDED

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SHOULD READ

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
BY AFFIDAVIT OF
Arthur Adelman MEDICAL CERTIFICATION

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MENDRAH MED CENTER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u> d. STREET ADDRESS (If outside, give location) <u>3525 HARRISON</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Lydia</u> Middle <u>HENRIETTA</u> Last <u>LEWIS</u> | | 4. DATE OF DEATH Month <u>AUGUST</u> Day <u>6</u> Year <u>1962</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>CAUC.</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>AUG 3, 1898</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINE OPERATOR</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>CLOTHING IND.</u> | 9. AGE (last birthday) <u>64 YEARS</u> |
| 11. BIRTHPLACE (City and state or country) <u>LITTLE ROCK, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>JOHN H. DETMER</u> | | 13b. MOTHER'S MAIDEN NAME <u>HENRIETTA VOSS</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 17. INFORMANT <u>MR. KENNETH R. LEWIS</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>KENNETH R. LEWIS</u> | | Address <u>3525 HARRISON</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Coronary</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>7/22/62 to 8/6/62</u> | |
| 20g. COUNTY <u>MO.</u> | | 20h. STATE <u>MO.</u> | |
| 21. I attended the deceased from <u>7/22/62</u> to <u>8/6/62</u> and last saw her alive on <u>8/6/62</u> Death occurred at <u>7:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Arthur Adelman M.D.</u> | | 22b. ADDRESS <u>751 E. C3 RD.</u> | |
| 22c. DATE SIGNED <u>8/7/62</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>AUG. 8, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>GREENAWOOD CEMETERY</u> | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u> |
| 24. FUNERAL DIRECTOR <u>WILHELM BACH</u> | | 25. DATE RECD. BY LOCAL REG. <u>8.7.62</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DR. HALPENIN

751 E. 63rd

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2100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. D. Nelson

Licensed Embalmer No. 4421

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.